

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10551</u>	2 Fiscal Year Covered From <u>1/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>GARY SCHAUER</u> P O Box, Bldg Room No if any Street <u>330 Chestnut St</u> City <u>N. SYRACUSE</u> State <u>NY</u> ZIP Code + 4 <u>13212</u>	4 Name, file number and address of labor organization Name <u>INT. UNION OF ELEVATOR CONST.</u> Labor Organization File Number <u>049-878</u> P O Box, Building and Room Number if any Street <u>615 W Genesee St</u> City <u>SYRACUSE</u> State <u>NY</u> ZIP Code + 4 <u>13204-2303</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

18 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Gary Schauer</u>	On <u>8/15/05</u> <u>315-730-3086</u> Date Telephone Number

Name of Person Filing

GARY SCHAUER

File Number U-

049-878

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

NEIEP

Trade Name if any

P O Box Bldg Room No if any

Street ELEVEN LARSEN WAY

City ATTLEBORO FALLS

State MA

ZIP Code + 4

02763-1068

9 Business deals with

☒ a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg. Room No. if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

See LM 30 Attachment

11 b Approximate dollar value of such dealing.

12 a Nature of interest held or income received

Reimbursement for CHAIRMAN/
CO-CHAIRMAN MEETINGS IN FEB 04 &
NEIEP INSTRUCTOR

12 b Amount

\$ 11,993

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment.

LM-30 Attachment

Name Gary Schauer

Ending date of report period 12/31/04

LM-30 File Number To be assigned

LM-30 Item
Number

1 la Per direction provided by U S DOL OLMS Part B includes reporting of transactions including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business This guidance provides a trust's dealings with a labor organization include the trusts receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization While the guidance is unclear other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11 b Accordingly no amount is reported in 11 b